



Application for:

## CONTINUING EDUCATION PROVIDER- Massage Therapist

Pursuant to 16 Texas Administrative Code, Chapter 117

DO NOT WRITE IN THE AREA IMMEDIATELY BELOW

Fee	Receipt Number	Fee Amount	Entity Number	Payment Amount	Money Type
Application		\$200			

(Please type or print legibly)

CE Provider Name:	
Provider Type: _____ Individual	_____ Business
Federal ID # or SSN: <small>(Information regarding the Federal/Employer ID# may be obtained through this website: <a href="http://www.irs.gov/business">www.irs.gov/business</a>)</small>	
Mailing Address:	
City:	State: Zip Code:
Physical Address:	
City:	State: Zip Code:
Phone Number: (     )	Fax Number:(     )
Website:	Email address:
Owner Name:	Phone Number: (     )
Address:	
Contact Person: <small>(if different from owner)</small>	Email Address:
Massage Therapist Lic #:	Expiration Date:
Massage Therapist Instructor Lic #:	Expiration Date:

- Provide a brief description of your capability in development and instruction of continuing education courses along with a business plan with clearly defined purposes such as policies on inclement weather, cancellations, etc.
- Acceptable continuing education shall directly relate to the theory or clinical application of theory pertaining to the practice massage therapy and the manipulation of soft tissue, massage therapy laws and rules, business practices, professional ethics, anatomy, physiology, hydrotherapy, kinesiology, pathology, or health and hygiene; or first aid and/or CPR, not to exceed six hours total each renewal period; or advanced massage therapy or bodywork techniques acceptable to the department; and designed to increase and enhance professional knowledge, skills, or competence in the practice of massage therapy.

### STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Chapter 455); and the rules of the Texas Department of Licensing & Regulation (Chapter 117). I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Printed Name

Signature

Date